



# Special Needs Form

## Personal Details

Name of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name of parents/guardians: \_\_\_\_\_

Emergency contact no. for parent/guardian: \_\_\_\_\_

## General Special Needs Information

Briefly describe your child's special need: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you think this might impact on their ability to participate in activities? \_\_\_\_\_

\_\_\_\_\_

What support does your child receive at school (e.g. one to one, does your child have a 'statement of special educational needs?')

\_\_\_\_\_

\_\_\_\_\_

## Medical Conditions/allergies

Does your child have a medical condition that may require special action or administration of medication e.g. seizures. If so please give details

\_\_\_\_\_  
\_\_\_\_\_

Does your child suffer from an allergy? If yes please give details of what they are allergic to, what symptoms they may display if they come into contact with it and what action should be taken

\_\_\_\_\_

\_\_\_\_\_

Does your child require the use of an epi-pen? Yes  No

Holder of the epi-pen during the session: \_\_\_\_\_

Please note: It is the responsibility of the parent/guardian to bring the epi-pen and give it to and collect it from the identified team member at the beginning and end of each session. By signing this form you are giving your permission, in the event of an emergency, for the epi-pen to be administered by a designated team member, if it reasonably considered that any delay in administering the epi-pen would create significant risk to the health of your child.

Name of parent/guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

PTO... →

GROUP

Team use only CHILD'S NAME

Name of Child \_\_\_\_\_ DOB \_\_\_\_\_

### Physical Needs

Does your child use a mobility aid e.g. a wheelchair?	Yes	No
Does your child use any other special equipment e.g. a special chair?	Yes	No
Does your child need help to use their hands?	Yes	No
Does your child need help to have a drink?	Yes	No
Does your child need help with toileting?	Yes	No

Details:

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### Sensory Needs

Does your child have visual difficulties?	Yes	No
Does your child have hearing difficulties?	Yes	No

Details:

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### Communication and interaction

Does your child have difficulties with speech and communication?	Yes	No
Does your child use an alternative or additional form of communication e.g. signing, communication book?	Yes	No

Details:

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### Cognition and Learning

Does your child have difficulties with reading and/or writing?	Yes	No
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How can they be helped with these?

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### Behaviour, social and emotional development

Does your child have behaviour difficulties?	Yes	No
Do they have difficulty interacting with others?	Yes	No
Do they need to be seated anywhere specific (i.e. near front/back)	Yes	No
Are they likely to wander about/run off?	Yes	No
Are there any particular situations/activities which are likely to upset or frighten your child?	Yes	No

How does your child respond in small/large groups?

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Is there anything else you would like to tell us about your child?

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